

ADMINISTRATIVE MANAGEMENT SURVEY

Bidder: _____

Please answer the following questions regarding your administrative management system. Additional information may be requested at the time of a pre-award survey, including copies of documents specifically named.

| Question | Yes | No | N/A |
|--|-----|----|-----|
| 1. Does your organization have current Articles of Incorporation? | | | |
| 2. Does your organization have written personnel policies? | | | |
| 3. Do your written personnel policies contain procedures for: | | | |
| a. Open employee recruitment, selection and promotional opportunities based on ability, knowledge and skills; | | | |
| b. Providing equitable and adequate compensation; | | | |
| c. Training of employees to assure high-quality performance; | | | |
| d. Retaining employees based on the adequacy of their performance, and for making adequate efforts for correcting inadequate performance; | | | |
| e. Assuring fair treatment of applicants and employers in all aspects of personnel without regard of political affiliation, race, color, national origin, sex, age, disability, religion, or creed, with proper regard for their privacy and constitutional rights as a citizen; and | | | |
| f. Assuring that employees are protected against coercion for partisan political purposes and are prohibited from using their official authority for the purpose of interfering with or affecting the result of an election or nomination for office? | | | |
| 1. If your organization does not have the procedures noted above, could your personnel policies be revised expeditiously to include these procedures? | | | |
| 2. Do your written personnel policies contain a prohibition against nepotism? | | | |
| 3. Do your written personnel policies contain a prohibition against employees using their positions for private gain for themselves or other parties? | | | |
| 4. Does your organization have an authorized, written travel policy for employees and authorized agents that provides for reimbursement for mileage and/or per diem at a specified rate? | | | |
| 5. Does your organization have a written employee grievance procedure used to resolve complaints? | | | |
| 6. Does your organization have the capacity or staff to produce | | | |

| | | | |
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| and maintain records on project participants and/or other customers as well as other management information that may be needed? | | | |
| 7. If certain costs are determined to be disallowed, does your organization have a procedure or source for reimbursing such costs to the Board? | | | |
| 8. Is your organization governed by a Board of Directors, an Elected body (city/county ISD council, commission or board) or Council? | | | |
| 9. Does your organization operate under local rules or by-laws? | | | |
| 10. Has your Board/Council reviewed and approved this proposal for submission? | | | |
| 11. Does your organization have a current approved fidelity bond? | | | |
| 12. Does your organization have an EEO/affirmative action plan? | | | |
| 13. Does your organization have a complaint or grievance process for customers? | | | |
| 14. Does your organization have a Complaint Monitor? | | | |
| | | | |

Name: _____ Signature: _____

FINANCIAL SYSTEMS SURVEY

Bidder: _____

Please answer the following questions regarding your fiscal management system. Additional information may be requested at the time of a pre-award survey, including copies of the documents specifically named.

| Question | Yes | No | N/A |
|---|-----|----|-----|
| Does your organization follow GAAP? | | | |
| 1. Does your accounting system: | | | |
| a. Provide control and accountability for funds received, property, and other assets; | | | |
| b. Provide identification of receipt and expenditures of funds separately for each funding source; | | | |
| c. Provide adequate information to prepare monthly financial reports on an accrual basis; | | | |
| d. Have the capability to track allowability and allocation of costs in accordance with requirements for federal grant programs; | | | |
| 2. Are state and federal funds which may be advanced to you deposited in a bank with federal insurance oversight? | | | |
| 3. Has the bank in which you deposit state and federal funds insured the account(s) or put up collateral or both equal to the largest sum of money which would be in such account(s) at any one point in time during the contract period? | | | |
| 4. Do you reconcile your bank accounts monthly? | | | |
| 5. Are the bank reconciliations made by the same person who performs recordkeeping for receipts, deposits, and disbursement transactions? | | | |
| 6. Do you record daily cash receipts and disbursement transactions? | | | |
| 7. Are individuals or positions in your organization which handle the receipt or distribution of money covered by bond? | | | |
| a. Is there a person who is responsible for the receipt of all purchased goods? | | | |
| b. Does this person assign, upon receipt, an inventory number for items? | | | |
| c. Does this person perform an inventory audit at least once a year? | | | |
| 2. Do you maintain records on all property acquisition, disposition, and transfer | | | |
| 3. Do you have written procedures and internal controls established for the procurement of goods and services? | | | |
| 4. Is a competitive bidding process incorporated into your purchasing procedures for acquisition of subcontractors, major goods and services, equipment, and office space? | | | |
| 5. Are timesheets kept to support payroll disbursement? If not, describe how employee time is documented and payroll supported: | | | |
| 6. Are records maintained to support authorized employee leave (vacation, sick, etc.)? | | | |
| 7. Are complete records kept to support travel payments? | | | |
| 8. Has a formal audit by an outside auditing firm been conducted of your organization's financial record in the past year? | | | |
| 9. Do you have an indirect cost plan with current approval by a cognizant agency? | | | |
| 10. Is your organization funded by more than one source? | | | |
| 11. Does your organization maintain written accounting procedures? | | | |

Name: _____

Signature: _____

CERTIFICATION OF BIDDER

I hereby certify that the information contained in this proposal and all attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided by this organization. I certify that no employee, board member, or agent of the Grow Southwest Indiana Workforce Development Board has assisted in the preparation of this proposal. I acknowledge that I have read and understood the requirements and provisions of the request for proposal and that this organization will comply with all pertinent regulations, board policies, and other applicable local, state and federal regulations and directives in the implementation of these programs. I certify that I have read and understand the Governing Provisions and Limitations and the Administrative Requirements and Procedures sections of this RFP and will comply with the terms.

I, _____, certify that I am the _____
(typed name) (title)

of the corporation, partnership, or sole proprietorship, or other eligible entity named as a bidder and Respondent herein and that I am legally authorized to sign this proposal and submit it to the Grow Southwest Indiana Regional Workforce Board on behalf of said organization by authority of its governing body.

| | |
|---|--|
| Person Authorized to sign for the organization: | Board member signature of authorizing Board: |
| Signature: | Signature: |
| Typed Name | Typed Name |
| Typed Title | Typed Title |
| Date: | Date: |

Subscribed and sworn to before me on this _____ day of _____, 2006 in
_____ (city), _____, (county), _____ (state).

Notary Public in and for _____ County,

State of _____. Commission expires: _____ SEAL

CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; INCLUDING DRUG-FREE WORKPLACE REQUIREMENTS AND AMERICANS WITH DISABILITIES ACT/DRUG-FREE WORKPLACE REQUIREMENTS AND AMERICANS WITH DISABILITIES ACT

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 34 CFR Part 85, "Government-wide Debarment and Suspension (Non-procurement and Government-wide Requirements for Drug-Free Workplace (Grants))." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the STWDB determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Section 82.105 and 82.110, the applicant certifies that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall required that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110 -

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are nor presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) (b) of certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- (e) Where the applicant is unable to certify to any of the statements of this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug-free awareness program to inform employees about -(1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will -
- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendars days after such a conviction;
- (e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction.

Employers of convicted employees must provide notice, including position title to:

Mr. Andrew Goebel, Chairman of the Board
Grow Southwest Indiana Regional Workforce Board
637 Winstead Way
Evansville, IN 47712
(812) 491-4079
email: agoebel@vecron.com

Notice shall include the identification number(s) of each affected grant;

- (f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted -

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employees to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (street address, city, county, state, zip code)

Check _____ if there are work places on file that are not identified here.

4. DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and at 34 CFR Part 85, Sections 86.605 and 85.610 -

A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will provide notice of such conviction, in writing, within 10 calendar days of the conviction to:

Mr. Andrew Goebel, Chairman of the Board
row Southwest Indiana Regional Workforce Board
637 Winstead Way
Evansville, IN 47712
(812) 491-4079
email: agoebel@vecron.com

5. AMERICANS WITH DISABILITIES ACT

By signing the certification below, the applicant assures that it will comply with the provisions of the Americans with Disabilities Act (ADA) of 1990, and the Rules and regulations promulgated there under, requiring employers to not discriminate against a qualified job applicant or employee because of a disability and ensuring that all existing and new facilities provide easy access for people with disabilities.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

NAME OF APPLICANT:

CONTRACT NUMBER AND/OR PROJECT NAME:

PRINTED NAME AND TITLE OR AUTHORIZED REPRESENTATIVE:

SIGNATURE:

DATE:

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CERTIFICATION REGARDING CONFLICT OF INTEREST

By signature of this proposal, Bidder covenants and affirms that:

1. No manager, employee or paid consultant of the bidder is a member of the Grow Southwest Indiana Regional Workforce Board;
2. No manager or paid consultant of the bidder is a spouse to a member of the policy board, the chairman or a manager of the Grow Southwest Indiana Regional Workforce Board;
3. No member of the policy board, the president or an employee of the Grow Southwest Indiana Regional Workforce Board owns or controls more than 10 percent in the bidder;
4. No spouse of a member of the policy board, president or employee of the Grow Southwest Indiana Regional Workforce Board is a manager or paid consultant of the bidder;
5. No member of the policy board, president or employee of the Grow Southwest Indiana Regional Workforce Board receives compensation from bidder for lobbying activities;
6. Bidder has disclosed within the proposal any interest, fact or circumstance which does or may present a potential conflict of interest;
7. Should bidder fail to abide by the forgoing covenants and affirmations regarding conflict of interest, bidder shall not be entitled to recovery of any costs or expenses incurred in relation to any contract with the Grow Southwest Indiana Regional Workforce Board and shall immediately refund to the Grow Southwest Indiana Regional Workforce Board any fees or expenses that may have been paid under the contract and shall further be liable for any costs incurred or damages sustained by the Grow Southwest Indiana Regional Workforce Board relating to that contract.

Name of Organization Submitting Proposal: _____

Name and Title of Authorized Signatory: _____

Signature: _____ Date: _____

PERSONNEL POLICIES ASSURANCE

In lieu of submitting the organization's complete personnel policies and procedures bidders must complete this assurance that their personnel policies address at a minimum the following elements. Personnel policies and procedures will be verified as a part of the pre-award review should the proposal be selected for consideration.

- ☐ Terms and conditions for employment
- ☐ Employee compensation and fringe benefits
- ☐ Holidays, vacation and sick leave,
- ☐ Travel policies and reimbursement of travel expenses
- ☐ Conflict of interest policy
- ☐ Employee grievance procedures
- ☐ Employee code of conduct.

Personnel Policies and Procedures for _____ do address the elements checked above.

I understand that the verification of the adequacy of personnel policies and procedures will be a part of the pre-award review should this organization be selected.

Signature _____ Date _____

Printed Name and Title _____

GENERAL ASSURANCES

We understand and agree that this proposal is not a contract and does not obligate the Grow Southwest Indiana Regional Workforce Board to pay for costs incurred in the preparation of this proposal or costs incurred prior to the execution of a written contract or prior to the receipt of funds designated for this program.

We understand and agree that the contract provisions may vary from the provisions set forth in this request, when deemed necessary by the Grow Southwest Indiana Regional Workforce Board, however, we agree to abide by the contract provisions contained in the proposed contract.

We understand and agree that the GSI Regional Workforce Board may utilize information provided outside of this request in evaluating this proposal.

We understand and agree that we may be subject to an on-site review and must be able and willing to provide documentation of information in the proposal at the request of the GSI Regional Workforce Board prior to execution of a contract.

We understand and agree that the Grow Southwest Indiana Regional Workforce Board has the right to reject any and all proposals and negotiate outside of the terms of this proposal.

We understand and agree that the GSI Regional Workforce Board is not required to select the lowest cost proposal.

We understand and agree that any material misrepresentation or deliberate omission of a fact in this proposal may be justification for rejection of the proposal.

We understand that any contact with Grow Southwest Indiana Regional Workforce Board members concerning this procurement will be grounds for rejection of our proposal.

We understand and agree that any material misrepresentation or deliberate omission of a fact in this proposal may be justification for rejection of the proposal.

We understand and agree to abide by all federal, State and local laws, policies and regulations governing the Workforce Investment Act, as amended, and those additional rules which may be promulgated subsequent to the execution of a contract.

We understand and agree that we may be subject to a monitoring review or audit by the U.S. Department of Labor, Indiana Department of Workforce Development, Office of Inspector General, or GSI Regional Workforce Board. We also understand that we may be required to provide a copy of the most recent audit as part of the contracting process.

We understand and agree to submit this proposal in a good faith effort to provide services to the benefit of economically disadvantaged individuals eligible for services.

Signature _____ Date _____

Printed Name and Title _____r_____